NOV. 13. 20	JUD 4:42FIVI	OIPART	95 0229 <b>B - FEE(S) TRAI</b>	NSMITTAL	NO. 00	04Z P. I
Complete and sen	d this form, toget	her with applicable	e fee(s), to: <u>Mail</u>	Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg	a 1 estento	
				(571)-273-2885	ind) Black 1 shapeh	S chould be completed where
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maintenance fee notificati CURRENT CORRESPONDE	NCE ADDRESS (Note: Usa Bi	ock 1 for any change of address)		Note: A certificate of Fee(s) Transmittal. The papers. Each additions	mailing can only be used is certificate cannot be used al paper, such as an assign	d for domestic mailings of the cd for any other accompanying much or formal drawing, must on.
7590 <b>08/14/2006</b>						
Burton A. Amer Connolly, Bove, 1 1990 M Street N.	Lodge & Hutz LLI	1		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Posmi Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Suite 800			own	(Depositor's name)		
Washington, DC	20036-3425			J. Chrow		(Signature)
				11	-13-06	(Daic)
APPLICATION NO.	FILING DATE		PIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO	). CONFIRMATION NO.
09/713,512	11/14/2000		Nicolans M.J. Verme		- <del>275102081001</del>	4513
TITLE OF INVENTION:	NOVEL POLYAMINI	e analogues,as-th	ERAPEUTIC AXX) DI	AGNOSTIC AĞƏNTS	`&&116-0000;	5
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FRE	UE PREV. PATO ISSU	B FEB TOTAL FEE(S) D	DUR DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	11/14/2006
EXAMI	NER	ART UNIT	CLASS-SUBCLASS			
KEYS, ROSAI	LYND ANN	1621	514-626000	<del></del>		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, atternatively.  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  MediQuest Therapeutics, Inc.  Bothell, Washington						
Please check the appropria	ate assignce category or					group entity U Government
4a. The following fcc(s) a	re submitted:	4	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
<ul><li>☑ Issue Fee</li><li>☑ Publication Fee (No</li><li>☑ Advance Order - #</li></ul>	o small entity discount p	ocrmitted)	Payment by credit card. Form PTO-2038 is attached.  The Director is hearby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0185 (enclose an extra copy of this form).			
5. Change in Entity State	SMALL ENTITY state	IS. Sec 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status, Sec 3	7 CFR 1.27(g)(2).
NOTE: The Issue Fee and	Publication Fee (if requesting of the United Sta	uired) will not be accept to Waten and Trademan	ed from anyone other the Office.	an the applicant; a regi	istered attorney or egent; (	or the assignee or other party in
Authorized Signature	1 hours			Date	1/13/06	
Typed or printed name	Burton A.	Amernick		Registration l	Vo. <u>24,852</u>	
Under the Paperwork Red	action Act of 1995, 60	BEISONS are required to re	sport w a concent o	· Intollipatoli ambos is	<u> </u>	
PAGE 1/1 * RCVD AT 11/13	3/2006 <b>4:2</b> 1:19 PM [Eas	tern Standard Time] * \$\	/r:USPTO-EFXRF-5/4 *	DNIS:2732885 * CSID:	202 293 6229 * DURATION	(mm-ss):00-34

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